a calcified membrane was removed; another was a multilocular cyst, etc.

G. In which castration was performed, 4.

In only 20 cases(22.3%) was any cause stated; trauma direct or indirect in 15½%; gonorrhœa in 5½%; uncertain, 1 case. This is a smaller proportion than that found by Volkmann, Bardeleben, Kocher, etc.

In 29 of 86 cases (33 7%) the trouble was on the left side; in 48 (55.8%) on the right, and in 9 (10.4%) bilateral. Previous large statistics give the two sides as about equal.

Of 83 cases 19 were first noticed from sixteenth to twentieth year (puberty); next in frequency comes the first year (hydrocele congenita).

The results of radical operations, of whatever kind, are materially better than those of puncture with subsequent injection. The only disadvantage is the longer duration of cure and, hence, inability of patient to follow his calling. Since, however, the results of puncture and injection are absolutely not bad, and this kind of operation is certainly far less dangerous to the patient, since his cases show that the most scrupulous antisepsis and continuous watching of the patient do not exclude unpleasant complications after the radical operation, he accepts unreservedly the conclusions drawn by Kocher from his collections. It cannot be taken as an unconditional dictum that no one should undertake the radical operation instead of the method of injection, unless an absolutely certain antiseptic course from beginning to end is guaranteed. On the other hand, it is not to be denied that where the course runs completely aseptic the antiseptic incision or excision leads in the surest way to a cure. Hence, the radical operation is admissible in well arranged institutions in preference to injection, whilst in private practice the latter must be adhered to.—*Bruns' Beitrage z. klin. Chirg.*, 1889, bd. iv, hft. ii.

II. **Nephrectomy in Unilaterally Diseased Horseshoe-Kidney.** By PROFESSOR SOCIN (Basle). Woman, æt. 47 years. Present trouble began at the age of 17 years. Periodic attacks of pain and swelling in right hypochondrium. Great increase of trouble since

menopause, the swelling now becoming as large as a man's head, and not subsiding as rapidly as at previous attacks. For the last month this had retained its full size. Careful examination showed a 9×8 cm. tumor, but could not decide between abdominal cyst of unknown origin or hydronephrosis, although the latter seemed more probable.

Incision on the outer border of the rectus abdominis muscle. The tumor immediately appeared, covered by mesocolon and parietal peritoneum. Puncture of the hydronephrotic sack, which was then incised and sewed to the abdominal opening. The remaining wound was closed and a tampon of iodoform gauze applied to the fistula. The clear puncture fluid showed 1022 sp. gr., and casts with albumen. Primary union of wound. From the fourth day on, some 550 grm. urine containing pus was passed by the fistula. But the ureter did not become permeable and the parenchymatous nephritis with pyelitis did not indicate the restitution of the damaged kidney. As the left kidney was evidently healthy and sufficient, at the patient's request nephrectomy was performed. This had to be abdominal. On drawing out the organ—after peeling it out largely and tieing the hilus-vessels—and trying to separate the lower part this was found to be connected with the left kidney by a 4×2 cm. tissue-bridge across the venacava, aorta and vertebral column (horseshoe-kidney). The isthums proving to be only loosely connected with the large vessels it was freed as far as the left kidney and, whilst compressed by an assistant, was slowly divided with the thermocautery. On relaxing compression 5 vessels had to be tied. The kidney capsule was then drawn and stitched over the burned surface. Further extensive adhesions to the adrenal, liver, etc., were in part divided by the thermocautery. A thick drain was passed out posteriorly on the right, at the lateral border of the quadratus lumbarum muscle. Abdominal wound closed with deep and superficial sutures.

Only the first night did the urine passed contain albumen and hemoglobin, and even then no casts. Uninterrupted recovery. Discharged cured 25 days after the second operation. An examination some months later showed that she had been completely freed from her previous troubles.

Socin is not aware of any case where a horseshoe-kidney has been diagnosticated intra vitam, although possible characteristics were suggested by Simon; and of only 1 case of unilaterally diseased horseshoe-kidney where any attempt of an operation had been made (case of Braun, *Deut. Med. Wchr.*, 1881). In that the freeing of the adhesions to the vena cava caused such a profuse hæmorrhage that the operation had to be suspended, and the patient, also a woman, æt. 45 years, died without regaining consciousness.

He adds the statistics of 1,630 autopsies, made by Prof. M. Roth during the years 1872 to 1879 at the Pathological Institute in Basle. Horseshoe-kidney was found in 5 of these (0.3%); twice amongst 832 males (0.24%) and twice amongst 798 females (0.37%). Two cases where there was only a membranous isthmus have been published by Wenzel Gruber as great rarities.—*Bruns' Beitrage z. klin. Chir.*, 1888, bd., iv, hft., i.

WM. BROWNING (New York).

III. Endoscopic Appearances and Endoscopic Therapy in Diseases of the Urethra and the Bladder. By DR. E. BURCKHARDT (Basle). This double article, covering in all 148 pages with 6 wood cuts included, and 121 highly colored figures added, really represents a treatise on the subject of endoscopy and its application in practice. It begins with a historical sketch and the bibliography since 1880 by years (1880 to 1888 incl.). Next follows a brief description with method of use, of the various endoscopes (photo-endoscope, wire-endoscope, electro-endoscope), urethroscopes (also æro-urethroscope, electro-urethroscope), cystoscopes, urethral specula, the polyscope, diaphotoscope, panelectroscope, and an excellent practice-manikin made by Leiter of Vienna. He seems to use principally the Grünfeld and Nitze types of instruments, with Schutz's electric illumination or the gas incandescent. His armamentarium for endoscopic treatment is nearly the same as Grünfeld's.

The normal appearances are fully described. Cuts show the positions in examination and 20 colored figures, the various ocular appearances, whilst 11 figures are devoted to the microscopy of the local se-